

# Gift to Agency Report

## A Public Document

GIFT TO AGENCY REPORT

### 1. Agency Name

Managed Risk Medical Insurance Board (MRMIB)

Division, Department, or Region (if applicable)

Street Address

1000 G Street, Suite 450, Sacramento CA 98514

Area Code/Phone Number

(916) 327-8011

E-mail

(drushton@mrmib.ca.gov)

Agency Contact (name and title)

Diana Rushton, Filing Officer

Date Stamp

2008 AUG 29 PM 2:23

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

### 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

State Coverage Initiative (SCI)

Name

1150 17th Street NW, Suite #600

Washington

DC

20036

Address

City

State

Zip Code

SCI helps states improve the availability and affordability of health insurance coverage through grants and workshops.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name

\$

Amount

Name

\$

Amount

### 3. Payment Information

Date and Amount of Payment (other than travel)

(month, day, year)

\$

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

San Francisco, CA

July 30-August 1, 2008

Date(s) of Travel

\$ 192.86

Transportation Expenses

\$ 568.12

Lodging Expenses

\$ 47.00

Meal Expenses

\$

Other Expenses

\$ 807.98

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

This payment was used for a MRMIB Eligibility & Enrollment Representative to attend the State Coverage Initiative Conference in San Francisco. This is a nationwide conference, where many states share their concepts, challenges, lessons-learned, and implementation of Health Care Reform. Breakfast and lunch was provided at part of the workshop.

Identify the officials for whom the payment was used:

Lam

Last Name

Thien

First Name

Staff Services Manager II

Title

MRMIB/Eligibility&Enrollmt

Department/Division

Last Name

First Name

Title

Department/Division

### 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee

Janette Lopez

Print Name

Chief Deputy Director

Title

8/29/08

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)